

DREAMLAND CHILD CARE CENTERS

Dreamland Education Center
 875 W. Franklin Rd.
 Meridian, ID 83642
 Phone: (208) 288-2282
 Email: dlecmeridian@gmail.com



Dreamland Learning Center
 2501 N. Stokesberry Pl.
 Meridian, ID 83646
 Phone: (208) 288-2205
 Email: dllcmeridian@gmail.com

Registration Information:

Child's name:	Date of Birth:	
Any previous child care experience:		
Mother's name:	Soc. Security #:	
Mother's Address:		
City:	State:	Zip:
Mother's E-Mail:	Cell Phone:	
Place of Employment:	Work Phone #:	

Father's name:	Soc. Security #:	
Father's Address:		
City:	State:	Zip:
Father's E-Mail:	Cell Phone:	
Place of Employment:	Work Phone #:	

Child's Start Date:	
(Please circle selections)	
Days Attending: Monday Tuesday Wednesday Thursday Friday	
Type of Care: All Day Care KG Before School After School Before and After School	
School Age School Name:	Grade: KG: AM PM

Health:

Food Allergies:
Medication Allergies:
Special Health Concerns:

Pick up Authorization:

Please list family or friends who are authorized to pick up your child from the center. The center will still require written or verbal notification each time there is a change in pick up. Additional persons may be authorized to pick up your child with verbal or written consent from one or both parents listed above. In the event of a medical emergency, this list will be used if a parent is unreachable. This list will also be used if your child remains in our care after business hours and you are not able to be reached for pick up.		
Name:	Relationship:	Phone #
Name:	Relationship:	Phone #
Name:	Relationship:	Phone #

Acknowledgment of Receipt & Financial Agreement:

I agree to take full responsibility for all financial fees including tuition, registration, supply fees, field trip costs and etc. I will familiarize myself with the center's policies listed on the tuition schedule and in the parent handbook. I agree to follow the terms listed within this information and will be aware of updates to policies that may occur throughout the course of my child's enrollment.

I understand and acknowledge that if I fail to fulfill the terms of my financial agreement, a negative credit report reflecting my credit may be submitted to a credit-reporting agency. In the event that I become delinquent and payment is not made on amounts owing under the terms of financial agreement, and the balance is placed with either a court or a collection agency, I agree to pay the fees of the court and/or collection agency, which amount is heretofore agreed to be 50% of the outstanding balance, but no less than a minimum of \$250.00 will be charged at the time the account is placed with the court or collections.

I acknowledge that tuitions are charged weekly (except ICCP participants) and they are due by end of each week. I understand that Dreamland will charge a \$20 late fee per week for any outstanding balance not paid by due dates plus an annual interest rate of 18% charged monthly.

I agree that it is my obligation to familiarize myself with the policies of Dreamland. I understand that it is my responsibility to abide by the terms and conditions of the Dreamland handbook which I have read (available online or at office). I acknowledge the fact that I have been given a copy of the handbook. If I receive ICCP, I understand that I am responsible for making payments for my co-pay portion of the monthly tuition fees before the end of each month (due dates) and for notifying the state and Dreamland of any and all changes in writing.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Medical / Dental / Hospital Release:

In the event of an emergency, Dreamland has my permission to seek medical / dental

attention for my child, _____. I understand that if I am unable to be reached, the center has my permission to take my child to a hospital / dentist for emergency treatment or to be transported by EMT's to a local hospital.

In the event of an emergency, Dreamland has my permission to seek medical/dental attention for my child. In the event that parents, guardians, or other persons named on this form cannot be reached, Dreamland staff is hereby authorized to take whatever action is deemed necessary in the judgment for the health of my child(ren).

Mother's Signature _____

Father's Signature _____

Field Trip Release:

I authorize Dreamland to transport my child, _____

on field trips away from the center while my child is enrolled at Dreamland.

Mother's Signature _____

Father's Signature _____

Authorization Agreement for Automated Payments:

I/we hereby authorize DREAMLAND ["COMPANY"], to initiate debit entries to my/our account on Fridays as indicated below, and the financial institution named below ["BANK"], to debit same to such account.

Bank account information:

Account # _____

Routing # _____

Name(s) on Account _____

Bank Name _____

Credit Card Type: ___ Visa ___ Mastercard ___ American Express
 ___ Discover ___ Others

Credit Card #: _____ Expiration Date: _____

Security Code: _____ Billing Zip Code: _____

PLEASE NOTE: AN ADDITIONAL 3% TRANSACTION FEE WILL BE ADDED TO THE CREDIT CARD TRANSACTION AMOUNT

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY, BANK or CREDIT CARD COMPANY a reasonable opportunity to act on it.

Printed Name: _____

Signature: _____

Date: _____

1) Acknowledgement of Risk: I (the "INDEMNIFIER") understand and acknowledge the risk and dangers associated with my child's participation in the program and services offered by Dreamland Child Care Centers (hereinafter referred to as the "PROGRAMS"). These risks include but are not limited to the following: the dangers of falling off playground equipment, collision with other children, aggression by other children, choking, and other dangers associated with the facility, active Play, and/or the equipment or materials at the facility.

2) IDEMNIFICATION: I agree to hold harmless, release, defend and indemnify Dreamland Childcare Centers and its owners, affiliates, employees, successors, assigns and agents (hereinafter referred to as the "INDEMNITEES"), for any liability, claims, suit, expenses, or loss arising from my child's participation in the PROGRAMS, including those claims based on any INDEMNITEES alleged or actual negligence. I acknowledge and agree that I am freely and expressly assuming any and all risks of property damage, personal injury, or death resulting from child's participation in the PROGRAMS.

3) SEVERABILITY: If any parts of this agreement shall be held unenforceable for any reason, the remainder of the agreement shall continue in full force and effect. If any provision of this Agreement is deemed invalid or unenforceable by any court of competent jurisdiction, and if limiting such provision would make the provision valid, then such provision shall be deemed to be construed as so limited.

4) BINDING EFFECT: The covenants and conditions contained in this Agreement shall apply to and bind the INDEMNIFIER and the INDEMNITEES and their heirs, legal representatives, successors and permitted assigns.

5) GOVERNING LAW: This agreement shall be governed by and construed in accordance with the laws of the state of Idaho.

6) WAIVER: The failure of either the INDEMNITEES or the INDEMNIFIER to enforce any provision of this Agreement shall not be deemed a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Agreement.

Signature of parent/Guardian

Date